

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing Unit
443 Lafayette Road North
St. Paul, MN 55155-4342
Phone: (651) 284-5064 Fax: (651) 284-5743
TTY/MRS: (651) 297-4198

Personal Electrical License Examination Application

A nonrefundable application/examination fee of \$35 must be submitted with this application. Make checks payable to the "Department of Labor and Industry."

PRINT IN INK or TYPE your responses. Unreadable or illegible applications will be denied.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

DESIGNATE THE TYPE OF LICENSE EXAMINATION YOU ARE APPLYING FOR:	DATE RECEIVED
<input type="checkbox"/> Class A Master Electrician <input type="checkbox"/> Class A Journeyman Electrician <input type="checkbox"/> Class A Installer <input type="checkbox"/> Class B Installer <input type="checkbox"/> Power Limited Technician	
<input type="checkbox"/> Master Elevator Constructor <input type="checkbox"/> Elevator Constructor <input type="checkbox"/> Lineman <input type="checkbox"/> Maintenance Electrician	

IMPORTANT: Read the statement on the second page of this application.
This application must be signed. Both sides of the application must be completed.

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	SOCIAL SECURITY NUMBER
ADDRESS (Street, Box, Route)		CITY	STATE	ZIP CODE
COUNTY	AGE	DATE OF BIRTH	TELEPHONE NUMBER	E-MAIL ADDRESS
Have you ever held a personal electrical license? <input type="checkbox"/> Yes <input type="checkbox"/> No			State(s) and License Number(s)	

☐ I am applying for a reciprocal license. Verify with the following state: _____

Have you previously made application for a Minnesota Personal Electrical License or Examination? ☐ Yes ☐ No

EDUCATION/TECHNICAL TRAINING FOR EXPERIENCE CREDIT

UNIVERSITY, TECHNICAL COLLEGE, OR OTHER TRAINING ATTENDED		DATES OF ATTENDANCE MONTH AND YEAR		DEGREE OR DIPLOMA	MAJOR SUBJECTS
Name of University, Technical College, or Trainer	Location/Address	From	To		

OFFICE USE ONLY

Check Number	Exam Date	<input type="checkbox"/> Examination <input type="checkbox"/> Re-Examination <input type="checkbox"/> Reciprocal	
Amount	Score	<input type="checkbox"/> Approved	
Application Number	License Number	<input type="checkbox"/> Disapproved	
	Date Issued	Signature	Date

Electrical Experience Employment Record

Important: Incorrect or incomplete addresses will cause delays in processing applications.

Electrical Experience History Use Additional Sheet if Necessary	Employment Dates		Type of Electrical Work	Office Use Only			
	From	To		1	2		
Company Name							
Contractor License Number							
Address							
City						State	ZIP Code
Telephone Number						Fax Number	
Company Name							
Contractor License Number							
Address							
City						State	ZIP Code
Telephone Number						Fax Number	
Company Name							
Contractor License Number							
Address							
City						State	ZIP Code
Telephone Number						Fax Number	
Company Name							
Contractor License Number							
Address							
City						State	ZIP Code
Telephone Number						Fax Number	

With the exception of your social security number, you are not legally required to supply the data on this application; however, your application cannot be processed with incomplete data. M.S. § 270C.72 requires you to provide your social security number on this application. The Department of Revenue may order the board to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes. Your age and sex are voluntary information, which does not affect the processing of your application if not provided. Your age and sex are used in a summary report to the legislature as required by M.S. § 214.07. Without complete experience or technical training data, your qualifications for the type of license requested cannot be assessed by the Department to determine if your practical experience and/or technical training meets the requirements of M.S. § 326.242. The employment and/or university or technical college record you supply will be submitted to the appropriate employer or institution for verification. Except for your name and address, all information on this application is classified as private data and the status of this application will be furnished to you or others only on your written request or a personal visit by you to our office. However, when the license is granted, all data except your social security number is classified as public and may be released to anyone upon request. Upon completion of processing, you will be notified of the status of your application, and if approved, will be scheduled for the next available examination. After verification and approval, reciprocal license applicants will be provided with specific instructions to obtain their license.

I have read the above statement, and I agree to supply the data on the form with the full knowledge and understanding of the information provided in the statement. **A nonrefundable application/examination fee of \$35 must be submitted with this application. Make checks payable to "Department of Labor and Industry."**

SIGNATURE OF APPLICANT	DATE
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